ALLIANCE FOR COASTAL TECHNOLOGIES

APPLICATION FOR TECHNOLOGY EVALUATION

Performance Verification of In Situ Fluorometers to Detect Harmful Algae and Cyanobacteria

Please submit this form with a cover letter that describes the instrument proposed for testing and your organization. Application form must not exceed 3 pages. Letters and Forms should be sent to:

Dr. Mario Tamburri

Alliance for Coastal Technologies

Chesapeake Biological Laboratory

One Williams Street

Solomons, Maryland 20688

USA

Email: tamburri@umces.edu; Fax: 410-326-7428

|  |  |
| --- | --- |
| Technology/Trade Name | Commercial? \_\_\_Yes / \_\_\_NoNear-Commercial? \_\_\_Yes / \_\_\_NoDevelopmental? \_\_\_Yes / \_\_\_No |
| Can multiple units be provided for testing?\_\_\_Yes / \_\_\_No |
| Applicant Information |
| Company Name  |  | Telephone |  |
| Address |  | Fax |  |
| City, State, Zip |  | E-mail |  |
| Contact Name |  | Web Address |  |
| Contact Position |  |
| Are you the owner of the technology by patent, license, or other agreement? Please explain.\_\_\_Yes / \_\_\_No |
| Patents |
| Is the technology proprietary? | \_\_\_Yes / \_\_\_No |
| Is the technology patented, copyrighted, or otherwise protected? | \_\_\_Yes / \_\_\_No |
| Is there any specific information regarding your technology or company that you wish to be treated as strictlyconfidential? If Yes, please describe (no confidential data please).\_\_\_Yes / \_\_\_No |
| Technology Description |
| Describe the technology (include basic operating principle and specifications). |
| Intended use and where it is applicable. |
| State a brief history of the technology development, introduction, and acceptance to date. Where applicable, include a brief description of any predecessor product. |
| Is the technology currently employed or been operated in a field setting? If Yes, give examples.\_\_\_Yes / \_\_\_No |
| Operating Information |
| Operating Conditions (i.e., range of operation, site conditions). |
| Is performance data available? If Yes, indicate type of test data available:\_\_\_Yes / \_\_\_No Lab Tests? \_\_\_Yes / \_\_\_No Field Tests? \_\_\_Yes / \_\_\_No |